Best Practices Guide in Rural Outreach and Enrollment

Federal Office of Rural Health Policy

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Health Resources and Services Administration
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We are pleased to share with you this best practices guide on rural Marketplace outreach and enrollment activities. The passage of the Affordable Care Act created a pathway to health insurance for millions of Americans, including a large number of rural residents. On average, rural Americans are more likely to be eligible for coverage offered through the Health Insurance Marketplace or Medicaid expansion than their urban counterparts.

To assist rural individuals with enrollment into affordable health coverage, the Health Resources and Service Administration's Office of Rural Health Policy (ORHP) granted $25,000 in supplemental funding to 52 ORHP grantees, investing a total of approximately $1.3 million to promote the Affordable Care Act and conduct outreach and enrollment during the first Marketplace Open Enrollment period. Over the course of the funding period, this investment grew as grantees leveraged their initial grant money to obtain $1.1 million in additional funding from other sources for their work. We have continued our investment in rural outreach and enrollment in FY 2014 through awarding $1.4 million in supplemental funding to 57 grantees.

The bulk of the lessons learned that are highlighted in this document come from the community level and reflect the hard work of local organizations and coalitions who came together to ensure that rural residents were enrolled. Many of those who now have coverage live and work in rural communities. Because assisters serving rural communities were often hindered by limited resources, it was essential that during the initial Open Enrollment period they shared resources, built capacity, and took advantage of partnerships.

We write this compilation of lessons and best practices identified in rural communities with the hope that it will help shape your outreach and enrollment strategy during this Open Enrollment period that started November 15, 2014 and continues through February 15, 2015.

We are glad that we can be a resource to you all, and we encourage you to contact us if you have any new ideas or see any new challenges in the coming months.

Thank you again, and we will be in touch.

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On March 23, 2010, President Obama signed the Affordable Care Act. This law put into place comprehensive health insurance reforms and established the Health Insurance Marketplace. The law also provides states with the opportunity to expand Medicaid coverage to individuals up to 133% FPL. During the first Health Insurance Marketplace Open Enrollment period, 6.7 million individuals obtained coverage through the Health Insurance Marketplace, and 9.1 million received coverage through Medicaid and CHIP since October 1, 2013. [i] [ii] Throughout the Open Enrollment period, consumers relied heavily on in-person assisters and educators to help them apply for coverage and obtain the most relevant information.

This resource guide identifies best practices in rural outreach and enrollment. It also provides an overview of the challenges faced by assisters while they educated residents of rural communities about opportunities to obtain coverage. In naming strategies and potential obstacles in rural outreach and enrollment, this guide also serves as a model for future outreach and enrollment activities during the second period of Open Enrollment, which started November 15, 2014 and continues through February 15, 2015.

Key Dates to Keep in Mind

- November 15, 2014: 2015 Open Enrollment Starts
- December 15, 2014: Last day to enroll for coverage to start January 1, 2015
- December 31, 2014: Coverage ends for all 2014 Marketplace plans
- January 1, 2015: 2015 Coverage can begin
- February 15, 2015: 2015 Open Enrollment ends

OUTREACH, EDUCATION, AND ENROLLMENT IN RURAL COMMUNITIES

Making up roughly 17 percent of the American population, rural Americans have certain characteristics that distinguish them from their urban counterparts.[iii] Compared to those in urban areas, rural Americans are older, are more likely to have lower incomes, are more likely to be eligible for low-income subsidies, and generally have lower-speed Internet. Therefore, there are unique needs and strategies associated with outreach and enrollment in rural communities.

To enable rural communities to combat these obstacles, the Office of Rural Health Policy (ORHP) started several initiatives during the first period of Open Enrollment in October 2013. These included awarding $1.3 million in supplemental funds to 52 rural Outreach grantees to conduct outreach and enrollment activities, as well as initiating regular webinars, called the "ORHP, ACA, and You" Office Hours. The webinars were created to educate rural grantees and stakeholders about the Marketplace and serve as a forum to share strategies in rural outreach and enrollment. During the initial Open Enrollment period, ORHP collected information from its supplemental grantees and its subscribers to the "ORHP, ACA, and You" Office Hours about how to assist rural individuals in accessing information about new coverage options and plan enrollment. The following section provides an overview of the challenges, successes, and promising practices that ORHP grantees and stakeholders described during those first several months. These lessons and best practices will be helpful for the current Open Enrollment period – which continues through February 15, 2015 – and future Open Enrollment periods.

POTENTIAL CHALLENGES TO OUTREACH AND ENROLLMENT

Public Perception and Potential Political Resistance

A majority of rural residents live in states that have chosen to not expand Medicaid.[iv] Individuals planning outreach and enrollment efforts in non-expansion states have specific challenges due to the potentially negative political perception of the Marketplace. Grantees reported facing political resistance and misinformation about the Affordable Care Act from their communities. However, to overcome this barrier, grantees worked to demonstrate that they had a neutral stance on the law and that their role was only to educate individuals, partners, and other community organizations. They also stuck to the facts and focused on whether an individual was eligible for benefits, rather than engaging in discussions about politics. One-on-one counseling seemed most effective at clarifying misunderstandings about the law. One organization in West Virginia used Community Health Workers (CHWs) to minimize the resistance in their community. This succeeded because CHWs are viewed as trusted sources that already have relationships with community residents. Grantees also gathered additional resources to stay up-to-date on the most current and accurate Marketplace information. Assisters reported feeling more confident in their capacity to enroll individuals after they had researched the Affordable Care Act, participated in webinars, and invested in Marketplace training.

Ways to Overcome Political Resistance in Rural Communities

- Emphasize education: assisters are not necessarily advocates, but rather educators working to inform their communities
- Stick to the facts
- Keep up to date on the most current and accurate Marketplace information

Remote Locations and Extended Travel Times

Extended travel times and long distances were often barriers to rural residents reaching in-person assistance. These limitations in access challenged consumer enrollment. In response to these challenges, grantees focused their efforts on engaging in place-based outreach and aligning outreach and enrollment activities with pre-existing community initiatives.

Limited Access to Internet

Given the emphasis on health insurance enrollment through the web-based Marketplace portals, inconsistent broadband Internet access in rural areas continues to be a concern. Generally, rural areas have slower-speed Internet and more limited Internet capabilities than urban and suburban areas. Additionally, a higher percentage of individuals living in rural communities fall within the 45-to 64-year-old age bracket, a group that is less likely to have a computer, be comfortable with computer technology, or have the email accounts needed to submit an online application.[v]

A grantee noted that even if consumers were assisted in creating an email account, a standing concern was that consumers would not know how to check their inboxes.

Ways to Overcome Limited Internet Access

- Use public libraries as enrollment centers.
- Install laptops, mobile scanners, and cellular hotpots in health centers to facilitate enrollment.
- Provide printed information about enrollment resources where consumers frequent: gas stations, post offices, feed stores, grocery stores, etc.
- Engage local media such as local radio stations to provide information about enrollment.
- Build staff capacity to improve in-person assistance services with enrollment.

Insurance Coverage Gap and Affordability

Many rural residents have disproportionately lower incomes in comparison to their urban counterparts.[vi] In states that have not expanded Medicaid, consumers with incomes too low to qualify for subsidies may have limited choices for affordable coverage. In these states, grantees expressed difficulties assisting consumers who fell into this "coverage gap," i.e. those individuals whose incomes were too high to qualify for Medicaid, and yet did not earn enough to consider the Marketplace plans affordable without subsidies.

BEST PRACTICES IN OUTREACH AND ENROLLMENT

In Person Assistance

Navigators, Certified Application Counselors (CACs), and In-Person Assisters (IPAs) played a critical role in providing enrollment assistance to individuals interested in obtaining health care coverage. A survey by Enroll America found that consumers who attempted to enroll during the first three months of Open Enrollment with some form of in-person assistance were twice as likely to successfully enroll as those who attempted online enrollment without help.[vii] Our grantees experienced the same success with in-person assistance.

Key Characteristics of an Effective Rural Assister

- An assister should be representative of the community served.
- An assister should build his or her knowledge and ability around the Marketplace beyond training—through webinars, research, and other resources.
- An assister should stay up-to-date on current Marketplace issues and have a working knowledge of specific health plans.
- An assister must be clear and speak in plain language when educating individuals.
- An assister must be patient and able to devote enough time to help consumers through enrollment.

One-on-One Counseling

An essential component of in-person assistance is one-on-one attention and aid with enrollment. Individuals who received one-on-one assistance often shared their experiences with others who, in turn, sought assistance from grantees. This created a positive feedback loop of consumer demand. Multiple grantees noted that word of mouth was the most effective way of reaching rural communities and spreading information.

One-on-one counseling was particularly effective with the older eligible population, who sometimes needed more support with technology. In communities for whom English is not the primary language (i.e., Hispanic and Asian populations) using language appropriate materials, bilingual staff, or trusted community stakeholders was important.

Efficient Appointments

Assisters used a variety of strategies to streamline the steps in the enrollment process, improve the value of the appointment, and reduce unnecessary travel time for consumers. Effective strategies are outlined below:

Strategies to Streamline Assister Appointments

- Remind consumers to bring the checklist of materials and information needed to enroll: https://www.healthcare.gov/downloads/MarketplaceApp_Checklist_generic.pdf
- Set up an assister triage system where individuals are directed to assisters with specific subject matter expertise. This should be based on the consumers' knowledge of health insurance and their stages in the enrollment process
- Provide consumers with clear information about provider networks when deciding between coverage options. This helps to ensure consumers can access their providers when they are enrolled in coverage.

Place-Based Outreach: Location, Location, Location

Encouraging rural consumers to connect with assisters can be challenging. ORHP grantees found they had the greatest success when they focused their efforts on meeting consumers where they "work, pray, and play" tapping into local gathering places such as:

- Town-hall meetings;
- Community dinners;
- State fairs;
- Community health enrollment fairs;
- School-based campaigns;
- Chambers of Commerce, Rotary Clubs, and other civic group meetings;
- Church events;
- Local sports games; and
- Libraries.

Using various channels to reach the rural uninsured also ensured multiple access points to enroll in health care coverage. For example, Colorado's place-based approach to outreach was achieved on a statewide level through an initiative conducted by Connect for Health Colorado. Their representatives traveled across the state in an RV in a targeted effort to reach rural communities that had previously been left out of outreach initiatives.[viii]

Hospital Based Strategies: Meeting the Rural Uninsured Where They Are

Individuals without health coverage frequently visit the Emergency Department in search of primary care services. To help uninsured individuals find the coverage they need and connect to the appropriate health care setting, ORHP grantees reported a number of successful outreach and enrollment activities within the hospital setting:

- Sharing Marketplace information at hospital events such as health fairs
- Posting Marketplace hand-outs and posters in hospital waiting areas and physician offices
- Using the hospital front desk to identify patients who "self-pay" and then referring them to assisters
- Notifying patients of the new coverage options in a letter from their provider

Leveraging Community Resources

Grantees were able to leverage the ORHP supplemental funding into an additional $1.1 million in funding to continue their outreach and enrollment work. Staff and personnel time for outreach and enrollment was the most frequent resource leveraged. Having the capacity to use staff for in-person consumer assistance was critical, as many grantees spent hours working with individuals

to enroll in the Marketplace. The cost of staff time was either absorbed through the grantee or partner organization or was paid for by additional funding.

To maximize enrollment in areas where distance was a barrier, it was critical to have partnerships with local stakeholders. Grantees used new and existing relationships to expand the reach of their efforts and capitalize on their combined resources. Partner organizations shared in-kind items like computers, meeting space, and educational materials to facilitate OEE activities. Grantees also worked together to partner across assister networks at the local, regional, and state levels to share knowledge and experiences and to take advantage of each other's referral networks. Community partnerships with local leaders such as small business owners and leaders of tribal organizations were essential in reaching those consumers who were not as easily accessible.

In addition to collaborating with local leaders, grantees found that using local media, such as PSAs on radio shows and newspaper articles, were helpful ways to educate their rural audiences with existing community resources. Aligning outreach campaigns with local news sources was considered an ideal method to enhance community awareness and assure greater participation in outreach events.

Outreach to Rural Hospitals

As integral parts of their communities, rural hospitals are natural partners for OEE activities. Because high rates of uninsured residents present a substantial barrier to accessing health care, the Internal Revenue Service has indicated in the proposed rule "Community Health Needs Assessments for Charitable Hospitals" that if a hospital can identify the high rates of uninsured and low-income residents in their service area, then the hospital can include outreach and enrollment for Medicaid, CHIP, and Marketplace plans as part of its community benefit report. [ix] Rural communities can benefit in many ways through leveraging the support of rural hospitals in outreach and enrollment activities: rural residents get the health insurance for which they are eligible, long-standing health disparities in rural communities are addressed when those residents access a regular source of care, and the financial viability of the hospital is improved by a reduction in bad debt and charity care.

SUMMARY

A great opportunity exists for rural uninsured populations to benefit from the health insurance options available through the Marketplace. Recent data has illustrated that rural Americans have been one of the populations to gain the most from the Affordable Care Act.[x] Providing effective enrollment assistance to consumers can significantly increase health care coverage in rural America. During the first Open Enrollment period, assisters serving rural communities leveraged resources, partnerships, and trusted community stakeholders to successfully conduct outreach and enroll previously uninsured individuals in health coverage. In-person and one-on-one counseling were particularly effective in rural communities. Stakeholders employed multiple methods and creative strategies to reach residents in the face of challenges unique to rural communities.

ADDITIONAL RESOURCES:

- **HRSA Affordable Care Act Website**
  http://www.hrsa.gov/affordablecareact

- **HRSA Office of Rural Health Policy Website**
  http://www.hrsa.gov/ruralhealth/

- **Office of Rural Health Policy ACA Questions Listserv**
  orhp-acaquestions@hrsa.gov

- **National Advisory Committee on Rural Health and Human Services Policy Brief**
  http://www.hrsa.gov/advisorycommittees/rural/publications/ruralimplications.pdf

- **Partnering with Community Health Centers on Outreach and Enrollment Resource**
  http://www.hrsa.gov/affordablecareact/healthcenterpartner.pdf

- **Marketplace Information and Enrollment**
  https://www.healthcare.gov/

- **Provider and Partner Marketplace Resources**
  http://marketplace.cms.gov

- **Coverage to Care**
  https://marketplace.cms.gov/technical-assistance-resources/c2c.html

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[i] "How Many Individuals Might Have Marketplace Coverage After the 2015 Open Enrollment Period?" November 10, 2014. ASPE. Retrieved November 18, 2014 from: http://aspe.hhs.gov/health/reports/2014/Targets/ib_Targets.pdf

[ii] "Medicaid &CHIP: August 2014 Monthly Applications, Eligibility Determinations and Enrollment Report." October 17, 2014. Centers for Medicare & Medicaid Services. Retrieved November 18, 2014 from: http://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/august-2014-enrollment-report.pdf

[iii] Meit, M., et.al. "The 2014 Update of the Rural-Urban Chartbook." October 2014. Rural Health Reform Policy Research Center. Retrieved December 11, 2014, from http://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/2014-rural-urban-chartbook-update.pdf .

[iv] Thompson, K., Kaufman, B., and Holmes, M. "How Does Medicaid Expansion Affect Insurance Coverage of Rural Populations." July 2014. North Carolina Rural Health Research Program. Retrieved December 11, 2014 from: http://www.shepscenter.unc.edu/wp-content/uploads/2014/07/MedicaidCoverageJuly2014.pdf.

[v] To find more information about computer usage in the United States, please visit the following brief: "Computer and Internet Use in the United States: Population Characteristics." May 2013. US Census Bureau. Retrieved November 18, 2014 from: http://www.census.gov/prod/2013pubs/p20-569.pdf

[vi] Barker, A., et. al. "The Uninsured: An Analysis by Age, Income, and Geography." February 2014. RUPRI Center for Rural Health Policy Analysis. Retrieved December 11, 2014 from http://www.public-health.uiowa.edu/rupri/publications/policybriefs/2014/The%20Uninsured.pdf .

[vii] "In Person Assistance Maximizes Enrollment Success." March 2014. EnrollAmerica. Retrieved September 26, 2014 from: https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2013/12/In-Person-Assistance-Success.pdf.

[viii] "Web Briefing: What Worked and What's Next? Strategies from Four States Leading ACA Enrollment Efforts." (Webinar presented by the Henry J. Kaiser Family Foundation, Washington, D.C. July 28, 2014).
[ix] "Community Health Needs Assessments for Charitable Hospitals." 78 Federal Register, 66, pp. 20534. 5 April 2014